K012005

# JUL 2 4 2001

CONFIDENTIAL

Data Critical Corporation

AlarmView™ Wireless Network System

Special 510(k): Device Modification

## 510(k) SUMMARY

This 510(k) summary is submitted in accordance with 21 CFR 807.92.

Submitter's Name:

**Data Critical Corporation** 

Submitter's Address:

19820 North Creek Parkway

Bothell, WA 98011

Telephone:

425-482-7000 425-482-7010

Fax: Contact Person:

Teresa M. Davidson

Date Prepared:

June 26, 2001

**Device Trade Name:** 

AlarmView™ Wireless Data Network System

**Device Classification** 

Name:

System, Network and Communication, Physiological Monitors

**Device Classification:** 

Class II

Predicate Device(s):

AlarmView™ Wireless Data Network System

K010912

#### **Device Description**

The modified AlarmView<sup>TM</sup> Wireless Data Network System is a low powered local area wireless paging system that provides secondary annunciation of primary medical device alarms via wireless communication devices carried by healthcare professionals.

#### **Indications For Use**

The AlarmView<sup>TM</sup> Wireless Data Network System is for use in real-time monitoring of routine patient status and alarm events on medical devices. It serves as a parallel, redundant mechanism to inform the clinical staff of patient events. The AlarmView<sup>TM</sup> System provides a secondary means of annunciating and displaying patient alarm information to mobile healthcare professionals.

The AlarmView™ Wireless Data Network System is limited to use by qualified medical professionals who have been trained on the use of the device. It is for use in hospital and hospital type environments and is not for home use.

The AlarmView™ Wireless Data Network System is to supplement and not replace any part of the current device monitoring procedure.

The AlarmView™ Wireless Data Network System is not considered in and of itself to be diagnostic without skilled interpretation and does not replace physician's care.

#### **Performance Data**

The safety and effectiveness of the modified AlarmView™ Wireless Data Network System described in this submission has been demonstrated through risk analysis and verification and validation testing. Test results demonstrated that the modified AlarmView™ Wireless Data Network System, functionality and safety characteristics are substantially equivalent to the predicate device.

#### Conclusions

Based on the information provided in this submission, the modified AlarmView™ Wireless Data Network System is substantially equivalent to the predicate device and does not raise new issues of safety and effectiveness.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

## JUL 2 4 2001

Ms. Teresa M. Davidson Director of Regulatory Affairs and Quality Assurance Data Critical Corporation 19820 North Creek Parkway Bothell, WA 98011

Re: K012005

Trade Name: AlarmView™ Wireless Data Network System

Regulation Number: 21 CFR 870.2300

Regulatory Class: II (two) Product Code: 74 MSX Dated: June 26, 2001 Received: June 27, 2001

Dear Ms. Davidson:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general control provisions of the Act. The general control provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the

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Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4645. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

人 James E. Dillard III

Director

Division of Cardiovascular and Respiratory Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

### INDICATIONS FOR USE STATEMENT

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(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)
Concurrence of CDRH, Office of Device Evaluation (ODE)
Division of Cardiovascular & Respiratory Devices 510(k) Number KO 10005

OR

Over-The-Counter Use \_\_\_\_\_